Improving communication between healthcare professionals and older people in pain

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The impact of open and clear communication for older people living with pain

Effective and clear communication between older adults suffering from chronic pain, their family members, and healthcare providers facilitates pain management and improves treatment outcomes and quality of life.[1] In fact, studies have found that effective patient communication may be as important as pharmaceutical intervention in the management of chronic pain.[2,3]

Non-verbal communication is critical for high-quality patient communication, as it influences adherence, clinical outcomes, patient satisfaction, and the patient-physician relationship.[4] The reduced effectiveness of physician non-verbal communication appears to particularly impact patients aged 65 years and older, as well as patients with impaired hearing.[5] In healthcare communication settings, it is important to consider factors such as age, personal preferences, comorbidities, disabilities, the reasons for the patient-physician interaction (e.g., diagnostic consultation, information exchange, or need for additional treatment resources), and the communication methods used (e.g., face-to-face, web-based, telephone or written interactions).[6]

An improved understanding of the best communication channels between people living with chronic pain and healthcare professionals will likely benefit not only the patient, but also their caregivers.[6] Effective, patient-centred communication between physicians and patients with chronic pain require mutual contribution, understanding and trust. Many patients particularly emphasise having their experience validated and feeling believed as important elements of their interaction with their physicians.[6] This is particularly important with pain, as pain report and intensity is subjective and cannot be objectivised with a quantitative test.[7]

Although the physician-patient relationship appears to be the most important determinant of overall patient-physician satisfaction,[8] communication barriers in the healthcare environment can often go undetected, and may seriously impact on the health and safety of patients.[9]

Barriers to effective patient-physician communication include growing demands of clinical productivity, increasing documentation, and the use of electronic medical records systems that encourage physicians to focus on ticking boxes on a screen, which may hinder effective patient communication, particularly in cases of complex chronic pain diagnoses.[10] Adequate pain evaluation in adults is time-consuming, and even more so in older adults. The average time allocated for most primary care physician visits is approximately ten minutes, but a full chronic pain assessment interview in a chronic pain clinic typically requires one hour. It is therefore no surprise that primary care physicians often struggle to adequately assess patients with chronic pain in the course of a consultation.[11]

Chronic pain patients' negative experiences of care are frequently associated with the healthcare professional not understanding the patient's pain, not believing that the pain is real, or making statements that the pain is only in the patient's head.[6,12] When interactions with physicians make patients feel insignificant, it becomes difficult for patients to express their needs, which negatively impacts patient care and may even make patients lose hope in their recovery.[6]

Primary care physicians frequently interrupt opening statements by patients, which often leads to patients not completing their interrupted statements.[13] Importantly, interruptions by a healthcare provider of an older adult patient's communication may negatively impact the communication of important pain information by the patient to the healthcare provider, and this reduction in effective communication between patient and healthcare provider may negatively impact pain management.[14]

Conversely, chronic pain patients reporting that they feel believed and supported in their interactions with healthcare professionals emphasise this as an important factor in boosting patient resilience.[6] Being heard by their physician improves patient satisfaction, even in cases where there is no improvement in patients' pain management. In short, 'improved listening' ranks among the top recommendations from patients to healthcare professionals.[6]

Both patients and healthcare providers rank open and non-judgmental communication using lay language as necessary to build and sustain a strong therapeutic alliance,[6] and joint decision-making, built on a supportive and collaborative relationship, is deemed necessary for a constructive partnership between healthcare professionals and patients. It facilitates patients' self-management of their condition and makes it easier to set realistic goals and explore the risks and benefits of different treatment options.[3,6] Seniors want to make informed decisions, and they need to be provided with adequate information about the risks and benefits of these decisions.[15]

Practical tips on how physicians can improve their communication with chronic pain patients include:[3,16]

- Before the consultation, encourage patients to write down their questions, as this may facilitate conversation on topics that are important to the patient.
- Increase the duration of clinic visits, particularly for older patients, to allow for time to address multiple patient concerns, improve patient-physician communication, patient-centred interviewing, and shared decision-making.
- At the start of the consultation, tell the patient in pain that you are there to help comfort them and to do the best you can to relieve their pain.
- Use caring communication skills and patient-centred interviewing.

Communication within multidisciplinary teams

Multidisciplinary teams (MDTs) for the management of patients with chronic pain may include a variety of specialists such as pain medicine physicians, neurologists, orthopaedic surgeons, psychiatrists, psychologists, physiotherapists, physical therapists, nurses, pharmacists, occupational therapists, complementary therapists, dieticians, and educational therapists.[17]

The chronic pain patient's primary care provider is often responsible both for the long-term patient management and for referring the patient for assessments and treatments. Because of this central role, good communication between the primary care provider and the MDT is as important as the communication taking place between members of the MDT.[17]

A common cause of poor communication is exemplified by inadequate transfer of information between the primary care physician and MDT specialists, and vice versa. This problem may be solved by the implementation of information technology solutions such as computer-generated referral letters that ensure that all required information is being communicated between primary care physicians and MDT members.[18] Effective and accurate communication between chronic pain patient caregivers is important, as its failure may have serious implications for patient care, including poor diagnostic processes and testing, inadequate pain control, increased healthcare resource utilisation, poor continuity of care, polypharmacy, unrealistic expectations, patient dissatisfaction, and reduced confidence in medical practitioners.[19]

How health education for patients and primary caregivers can support effective communication

A negative relationship exists between patient health literacy and comprehension of diagnosis, health outcomes and healthcare service utilisation. Limited health literacy is an obstacle to primary healthcare access, and health literacy has been identified as an important aspect of patient engagement self-management strategies.[20]

Effective patient communication is supported by early health education; if patients are well educated early and are supported in communicating their needs to healthcare professionals, they will receive faster and more effective care. However, different types of patients have different levels of proficiency and confidence in interacting with their healthcare providers.[21-25] Importantly, primary caregivers and family members of older patients should be involved in the conversations with healthcare professionals, so that they can help with supporting older people in pain.[23,25]

When it comes to educating patients on treatment dosing and adherence, it is important that information is made available in accessible formats for older patients such as via leaflets (rather than only online) and using lay language that is easy to understand.[25]

After all, the aim of the information is to educate patients about their medical condition and care, and to equip patients with the information needed to actively participate in their care through joint decision-making and active, open communication, with specific attention to the barriers and obstacles of ageing.

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